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Effect of Selected *Yogasanas* on Stress Urinary Incontinence in a Female Patient: A Case Report

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ABSTRACT

Background:

Stress urinary incontinence (SUI) is prevalent among females and defined as involuntary leakage of urine during physical exertion, such as sneezing, coughing, laughing or exercise. This usually happens because the pelvic floor muscles weaken with age. Conservative measures usually consist of pelvic floor muscle training and lifestyle changes, whereas surgical treatment has declined in this past decade. Yoga is being increasingly recognised as a non-invasive intervention that could aid in strengthening muscles and stabilising the pelvis naturally.

Objective: To ascertain the role of specific *yogasanas* in a female with stress urinary incontinence.

Methods: A 42-year-old female presented with the symptoms of Stress Urinary Incontinence (SUI), urinary incontinence while sneezing and coughing, burning micturition and an increase in frequency of urination for three years. She had 2-term home deliveries. She was given 12 weeks of yoga sessions consisting of asanas, pranayama and relaxation techniques. The treatment outcomes were changes in leakage frequency, pad consumption, and quality of life.

Results: Urinary leakage reduced dramatically in the patient at 12 weeks. She had ceased to use pads and subjectively described being more confident and comfortable doing activities of daily living. The intervention did not cause any significant/adverse events.

Conclusion: This case report indicates that yoga have a safe and effective adjunct role in the management of SUI. More robust conclusions need to be made in the light of wider studies.

Key Words *Stress urinary incontinence, Yoga therapy, Pelvic floor muscle training, Apana Vata*

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INTRODUCTION

Stress urinary incontinence (SUI) is defined as the involuntary loss of urine during intra-abdominal pressure raising, such as coughing,

sneezing, or physical exertion¹. It is also a common physical condition in women and significantly affects physical comfort, psychological well-being and quality of life². The

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most frequent cause is pelvic floor muscle failure caused by childbirth, ageing, or hormonal changes with failed support of the urethra resulting in poor continence mechanisms³. Traditional treatment methods predominantly emphasise pelvic floor muscle training, use of medication, and surgery in more severe cases⁴. Nevertheless, the trend towards a "whole-person approach" and non-invasive methods of treatment have brought attention to the potential of yoga therapy as an adjunctive intervention. According to Ayurveda, there is a role of *Apana Vata* in the process of *Doing-Mutrata*, and vitiation thereof may disturb the *MutravahaSrotas*^{5,6}, culminating in varying urinary manifestations. Yogic methods could work on the pelvic musculature, induce neuromuscular coordination and help to restore homeostasis of the body and thus provide a holistic solution for the management of stress incontinence of urine⁷.

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A 42-year-old female attended GAC & Hospital Raipur Chhattisgarh, India on 22/10/2025 with the complaints of passage of a few drops of urine while sneezing and coughing, burning micturition, increased frequency of micturition, along with the complaints of pain in the vulval region for three years. Her obstetric history was G₂P₂A₀L₂D₀. She had two healthy, term home births. Her most recent delivery was 27 years ago. Informed consent was obtained from the patient for the publication of this case report. She

was having Stress urinary incontinence for which she underwent 12 weeks of asana and pranayama (Yoga intervention) to tone up pelvic floor muscles, which assist in *Apana Vata*. The intervention included yogasanas, controlled breathing and guided relaxation. (Figure no. 1, 2, 3, 4, 5, 6) Assessments comprised clinical evaluation before and after the intervention, such as daily urinary leakage frequency, pad use and patient quality of life. (Table no.1)

Table 1 Yoga Intervention Protocol for Stress Urinary Incontinence

Yogasana	Duration
Setubandhasana	4 rounds
Uttanpadasana	4 rounds
Moolabandha	4 repetitions
Bhadrasana	5 rounds
Shashankasana	5 rounds
Utkatasana	5 rounds
Pranayama with pelvic awareness	5 minutes



Figure 1 Setubandhasana



Figure 2- Uttanpadasana



Figure 3 Moolabandh

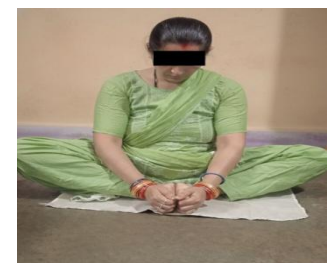


Figure 4 Bhadrasana



Figure 5 – Shashankasana



Figure 6 Utkatasana

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History of Present illness-

The patient was in good health three years ago. Ever since her preferred treatment modalities, the involuntary loss of urine has been coming out when she is coughing or sneezing or laughing and can occur even if she lifts something heavy. In the beginning, the symptoms are mild and intermittent, but these escalate over time. She has no history of fever and has undergone no significant pelvic surgery. The condition has interfered with her social life.

History of Past illness-

History of major illness absent.

Past Medical and Surgical History- No relevant history was present.

Drug History: Allopathic medicines were taken.

Family History-Not significant.

Menstrual History: Age of menarche 14 years, irregular cycle, some times with an interval between cycles 1- 2 months, duration 3-5 days of scanty bleeding, quantity 1-2 pads per day.

Personal History:

Diet- veg, Appetite- reduced, bowel habits – constipated, Sleep-disturbed

General examination

Built-moderate, Weight-68 kg, Height-168cm, Pulse rate-78bpm/min, B.P.-120/88mmhg, Respiratory rate: 18 times/min, Temp- 98.6 F

Physical Examination

Ashtavidhapariksha

Nadi-pittakapha, Mutra- Samyak, Mala-Baddhata, Jihva- alypta, Shabda- Samyak

Sparsha-anushna, Drika- Samanya, Akriti-Madhyam

Dashavidhapariksha

Prakriti-Vatakphaja, Sara- Madhyama, Samhanana- Avara, Pramana- Madhyam, Satmya- Madhyam, Satva- Madhyam, Vaya-Madhyam, Vyayamshakti-Avara, Aharashakti-Madhyam

Systemic Examination: No abnormal findings found in CVS and RS

P/A: soft and non-tender.

Sampraptighatak: Dosha-Vata (Apana vayu)

AYURVEDIC SAMPRAPTI

According to Ayurveda, *Apana Vata* is responsible for micturition and defecation⁽⁵⁾. *Apana Vata Dushti* is developed by repeated strain during parturition and by the degeneration due to age with *Mamsa Dhatu Kshaya*. When the *Mutravaha Srotas* fails, weakening of bladder control is evident with stress urinary incontinence⁶.

Samprapti Ghataka-

Dosha: Vata (Apana Vata)

Dushya: Mamsa, Meda

Srotas: Mutravaha Srotas

Adhishthana: Basti and pelvic floor

Vyadhi Swabhava: Chirakari

OBSERVATION & RESULTS

Following yoga therapy, the urinary leakage frequency and bladder control were remarkably improved along with quality of life. No adverse effects were reported. (Table no.2)

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The patient had urinary leakage 3–4 times per day before starting yoga therapy, especially while doing actions that increased intra-abdominal pressure (coughing and sneezing). Her quality of life was greatly diminished, she had to use absorbent pads each day, and she suspected her bladder control was poor.

Table 2 Comparison of Clinical Parameters before and after Yoga Intervention in Stress Urinary Incontinence

Parameter	Before Treatment	After Treatment
Frequency of leakage	3–4/day	0–1/day
Leakage during coughing/sneezing	Present	Reduced
Use of pads	Daily	Not required
Bladder control	Poor	Improved
Quality of life	Affected	Improved

After 12 weeks of structured yoga intervention, marked clinical improvement was noted. The number of times urine was involuntarily leaked per day was significantly decreased to 0–1 times. Coughing and sneezing leakage demonstrated significant improvement, and the patient no longer needed to wear pads. They also reported improved bladder control and overall daily functioning.

The current case study results show marked improvement in clinical parameters after yoga therapy. Post-intervention, there was a marked decrease in urinary leakage frequency and improved bladder control with no reliance on protective pads. Furthermore, the patient experienced a qualitative improvement in physical comfort and quality of life without negative effects during treatment. These results indicate that yoga therapy was effective in strengthening pelvic floor musculature and

resulted in improved urinary continence in stress urinary incontinence.

DISCUSSION

Yoga practices, such as Moolabandha and Ashwini Mudra, have been shown to enhance the strength and neuromuscular control of pelvic floor muscles^{7,8}. Asanas aid in Pelvic stabilization and hence maintain bladder health⁹. In Ayurvedic view, yoga helps to restore the function of *Mutravaha Srotas* and balance *Apana Vayu*^{5,6}. These findings are consistent with earlier clinical studies^{10–12}. As per Ashtanga Hridaya *Swayathavridhi* (Asana increases), *Sthirtwa guna* increase also *Vata shaman* and also *Mamsa dhatu bala* should be increased. This makes the muscles of the pelvic floor stronger. The upward work for building strength and stability in the Pelvic Floor by Asanas is the right basis of every movement with the pelvis. This has three beneficial effects:

Yoga asanas stretch the pelvic floor muscles, increasing flexibility and strength. Focused breath alleviates tension and enhances blood flow through the pelvic area — aiding in tissue restoration. Regular practice helps strengthen core muscles that support the spine and pelvic floor. Pelvic stability and bladder control, everything associated with pelvic health depends on the coordination of core and pelvic floor muscles.

Therefore, a combined yoga intervention in the form of Setubandhasana, Uttanpadasana,

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Moolabandha, Bhadrasana, Shashankasan, Utkatasana, and techniques of Pranayama with pelvic awareness were effective in strengthening pelvic floor musculature as well as abdominal muscles for improvement in symptoms related to SUI.

CONCLUSION

Stress urinary incontinence impacts women's physical comfort, psychological confidence and quality of life. This case study illustrates yoga therapy as a safe and non-invasive therapeutic modality for such cases. The patient's improvement illustrates yoga's potential in pelvic floor restoration with a blend of contemporary medical knowledge and Ayurvedic principles. Ayurvedic theory connects disorders of the urinary system to a deficiency in *Apana Vata* and degeneration of pelvic muscles due to ageing or childbearing, resulting in loss of bladder support and unintentional leakage. The yoga intervention focused on strengthening pelvic floor muscles, neuromuscular coordination, and balance; Prevention was preferred over treatment of the symptoms.

Practices like Setubandhasana, Uttanpadasana, Bhadrasana, Shashankasana, Utkatasana are practices in recent times to gain better muscle tone, pelvic stability and core strength along with circulation, relaxation and mind-body coordination through Moolabandha Ashwini Mudra and pranayama. The patient reported less

urinary incontinence, better bladder control, and improved quality of life without side effects.

The results conclude that yoga therapy is beneficial for *Vata Shamana*, increases *Mamsa Dhatu Bala*, and supports pelvic structure integrity. Therefore, yoga therapy helps in managing stress urinary incontinence. This was a single case study, although the positive results suggest that there is sufficient clinical need for structured yoga protocols through larger trials, as they could provide a cost-effective, sustainable method for long-term management.

Patient Consent

Written informed consent was obtained from the patient.

Conflict of Interest

None declared.

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